

- Complete items 1, 2, and 3. Use complete item if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

COMPLETE THIS SECTION ON DELIVERY

A. Signature:

Charles Agent Addressee

B. Received by (Printed Name)

COMER Borland

C. Date of Delivery

*10-28*Delivery address different from item 1? YesS, enter delivery address below: No*1005CV1024-T**SLC*

e Type

 Certified Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

 Yes

2. Article Number

(Transfer from service label)

1005 0390 0000 5268 8175

Domestic Return Receipt

102595-02-M-1540

PS Form 3811, February 2004